

STATEMENT OF ECONOMIC INTERESTS FOR PRINCIPAL INVESTIGATORS



Campus: San Diego

ucsp #: 2009-0249 Please type or print in ink NAME (LAST) (FIRST) (MIDDLE) TELEPHONE NUMBER Zhang Kang (858) 534-8757 ACADEMIC UNIT OR DEPARTMENT MAIL CODE E-MAIL ADDRESS Ophthalmology 0946 kangzhang@ucsd.edu TITLE OF RESEARCH PROJECT GALLEY2: Genetic Assessment of early to Late macuLar dEgeneration studY 2 1. Information Regarding Funding Entity: 3. Filer Information - Cont. (Use a separate Form 700-U for each funding entity.) D. Have you received loans from the entity in Part 1 for which the balance exceeded \$500 in the past 12 months? Name of Entity: No X Yes — highest balance: Genentech 3500 - \$1.000 \$1,001 - \$10,000 Address of Entity: \$10,001 - \$100,000 Exceeded \$100,000 1 DNA Way; South San Francisco, CA, 94080 If you checked "yes," was the loan: Principal Business of Entity: ☐ Secured ☐ Unsecured Interest rate: __ **Pharmaceuticals** Was the loan entirely repaid within the last 12 months? ☐ No ☐ Yes 300,000 Amount of Funding: \$ _____ E. Have you received gifts from the entity listed in Part 1 Estimated X Actual within the last 12 months valued at \$50 or more? No X Yes - describé below. 2. Type of Statement (Check at least one box) Description: _ AUG 2008 Date of initial funding: 8 / 1 / 08 re! Interim (for renewed funding) Value: \$__ Date Received: .. Funding was renewed on: ___ F. Has the entity in Part 1 paid you for your travel? Yes X - describe below. 3. Filer Information No 🗌 A. Are you a director, officer, partner, trustee, consultant, Type of Payment: (check one)
☐ Gift ☐ Income employee, or do you hold a position of management in the entity listed in Part 1? No ☐ Yes 🔀 _____/_ date(s): ____/_ Title: Consultant B. Do you, your spouse or registered domestic partner, or Description: Hotel rooms for 2 seminars, one night each your dependent children have an investment of \$2,000 or more in the entity listed in Part 1 above? No 🗙 Yes - value is: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Exceeds \$1,000,000 4. Verification If you have sold or divested yourself of investments: I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge Date Divested: / the information contained herein and in any attached schedules C. Have you received income of \$500 or more from the is true and complete. I certify under penalty of perjury under the entity listed in Part 1 within the last 12 months? laws of the State of California that the foregoing is true and correct. No ☐ Yes 🔀 – amount is: 67/14/08 Date Signed _ ☐ \$500 - \$1.000 **X** \$1,001 - \$10,000 (month, day, year) \$10,001 - \$100,000 Exceeds \$100,000

Was income received through your spouse or registered

☐ Yes

Signature _

(File the originally signed statement with your university.)

CALIFORNIA 700-U FORM 700-U FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS FOR PRINCIPAL INVESTIGATORS

Campus:

Pleas	e type or print in ink			UCSD#	20100668	
	ME (LAST)	(FIRST)	(MIDDLE)	TELEPHONE N	IUMBER	
	ang	Kang		858-246-082	3	
	ADEMIC UNIT OR DEPARTMENT		MAIL CODE	E-MAIL ADDRE		
TIT	hthalmology LE OF RESEARCH PROJECT		0946	k5zhang@u	csd.edu	
	ARBOR study					
1.	(Use a separate Form 700-U for each fundame of Entity: Genentech, Inc. Address of Entity: 1 DNA Way, South San Francisco Principal Business of Entity: Pharmaceutical Company Amount of Funding: \$ 839,640	nding entity.)	3. Filer Information - C D. Have you received loans for which the balance exceeds No x Yes	rom the entity in Pass \$500 in the past 1 highest balance is: \$1,001 - \$1 Exceeds \$1 the loan: cured Interest	2 months? 0,000 00,000 rate:%	
	Estimated X Actual		E. Have you received gifts fro	m the entity listed i	n Part 1 within the	
2.	Type of Statement (Check at lease x Initial (for new or renewal funding) Date of Funding: Completion Statement The research project expired on:	ast one box)		describe below	ved:	
3.	Filer Information		F. Has the entity in Part 1 pai	d you for your trave describe below	l?	
Α.	Are you a director, officer, partner, truste employee, or do you hold a position of m the entity listed in Part 1? No Title: Consultant		Type of Payment: (check o	ate(s):	Income	
	Do you, your spouse or registered domes your dependent children have an investment in the entity listed in Part 1 above? No x Yes -value is:	nent of \$2,000 or	Description:			
İ	\$100,001 - \$1,000,000 Ex	0,001 - \$100,000 ceeds \$1,000,000 vestments:	4. Verification I have used all reasonable			
	Date Divested: Have you received income of \$500 or mo entity listed in Part 1 within the last 12 mo No X Yes - amount is:		have revised this statement and to the best of my knowledge information contained herein and in any attached schedules i and complete. I certify under penalty of perjury under the laws the State of California that the foregoing is true and correct.			
		001 - \$10,000 ceeds \$100,000 se or registered	Date Signed Signature	month, day,	year)	
	domestic partner?			ginally-signed staten	ent with your university)	



STATEMENT OF ECONOMIC INTERESTS **FOR** PRINCIPAL INVESTIGATORS

Date Received Campus Use Only

1 Public D

Campus: SAN DIEGO

Please type or print in ink.	A P u	Dile	Document
NAME (LAST)	(FIRST)		ID No:
Zhang	Kang		(MIDDLE) TELEPHONE NUMBER (858)246.0823
ACADEMIC UNIT OR DEPARTMENT		MAIL	L CODE E-MAIL ADDRESS
Ophthalmology		094	
TITLE OF RESEARCH PROJECT Clinical Assessment Of Age-related	Macular Doganaratio	- D	
		on Pa	atients After Early DiagnoSiS and Treatment with Ranibizur
1. Information Regarding F	unding Entity		3. Filer Information - Cont.
(Use a separate Form 700-U for e	each funding entity.)		D. Have you received loans from the entity in Part 1 for which
Name of Entity:			the balance exceeded \$500 during the reporting period?
Genentech, Inc.			No Yes − highest balance:
Address of Entity:			\$500 - \$1,000 \$1,001 - \$10,000 \$10,000
Principal Business of Entity:			If you checked "yes," was the loan: Secured Unsecured Interest rate:%
Pharmaceutifcals			Was the loan entirely repaid within the last 12 months?
Amount of Funding: \$	620,000		□ No □ Yes
Estimated 🗵 Actual 🗌			E. Have you received gifts from the entity listed in Part 1 within the last 12 months valued at \$50 or more?
2. Type of Statement (Check	at least one box)	٦ [No ☐ Yes ☐ – describe below.
	and the second s		Description:
Date of initial funding: UN / UN	<u>/ 11</u>		
Interim (for renewed funding) Funding was renewed on:/_			Value: \$ Date Received:/
] F	F. Has the entity in Part 1 paid for your travel during the
3. Filer Information		1	reporting period? No ☐ Yes ☒ - describe below.
A. Are you a director, officer, partner employee, or do you hold a positive to a positive for the continuous and the continuous for the conti	ion of management in		Type of Payment: (check one) Gift Income
the entity listed in Part 1? No Title:	X Yes □		Amt: \$ date(s):/
B. Do you, your spouse or registered	d domestic partner, or		Description:
your dependent children have an or more in the entity listed in Part No ⊠ Yes □ – value is:	investment of \$2,000 1 above?		
	10.004		
\$100,001 - \$1,000,000 E	10,001 - \$100,000 xceeds \$1,000,000	4	4. Verification
Date Disposed:/,	if applicable		I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the
C. Have you received income of \$500 entity listed in Part 1 during the re No ☐ Yes ☒ – amount is:	or more from the porting period?		information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	1,001 - \$10,000 xceeds \$100,000		Date Signed
Was this income received through registered domestic partner? ☒ No	your spouse or		Signature

Yes

(File the originally signed statement with your university.)



STATEMENT OF ECONOMIC IN RESTS **FOR** PRINCIPAL INVESTIGATORS

)

Please type or print in ink

Campus	
UCSD #:	18141

NAMI	E (LAST)	(FIRST)		(MIDDLE)	TELEPHONE NU	MBER		
13000		Kang		Contract and and and a	(858) 53			
ACAI	Zhang DEMIC UNIT OR DEPARTMENT		MAIL CO	DE	E-MAIL ADDRES			
	ithalmology		094	6	kangzhang@ucs	d.edu		
TITLE	TITLE OF RESEARCH PROJECT			a managamban pidakkin wangan kecamatan kanan ang kanan k				
GAL	LEY2: Genetic Assessment of early to Late	macuLar dEger	neration	studY 2				
1. 1	nformation Regarding Fundin	g Entity:	3.	Filer Information	n - Cont.			
(Use a separate Form 700-U for each fun-	ding entity.)	D.	Have you received loa	ins from the entity in	Part 1 for which		
Na	me of Entity:			the balance exceeded \$500 in the past 12 months? No 🕱 Yes 🗌 – highest balance:				
G	enentech			\$500 - \$1,000 \$1,001 - \$10,000 Exceeded \$100,000				
Ad	dress of Entity:							
1	DNA Way; South San Francisco, CA	, 94080		If you checked "yes,"	was the loan:			
	incipal Business of Entity:			Secured Unse	ecured Interest rat	te:%		
PI	harmaceuticals			Was the loan entirely repaid within the last 12 months?				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				No Yes				
An	nount of Funding: \$ 300,000	Appendix + 4 Q assesses		Have you received git	fts from the entity li	sted in Part 1		
Es	timated 🛛 — Actual 🗌			within the last 12 mor	nths valued at \$50	or more?		
			7	No ⊠ Yes ☐ -	 describe below. 			
1	Type of Statement (Check at leas	one box)		Description:				
X	Initial (for new funding)			,				
	Date of initial funding: 8 / 1 / 08			and Market and Applications of the Control of the C	A 20 MAR	P THE PROPERTY OF THE PROPERTY		
	Interim (for renewed funding)			Value: \$	Date Received:			
	Funding was renewed on:	AAAA OO		Has the entity in Part	1 haid you for you	r travel?		
			-		tescribe below.	, haron		
	Filer Information	a consultant		WINDOW IP		23456		
A.	Are you a director, officer, partner, truste employee, or do you hold a position of	ee, consultant, management in		Type of Payment: (ch	neck one)	ince A		
	the entity listed in Part 1? No	Yes 💢		Λmt: \$	date(s)	and 7		
	Title: Consultant			Type of Payment: (ch Amt:\$	date(a)	applicable)		
В	Do you, your spouse or registered dome	stic partner, or		Description: Hotel roo	oms for 2 seminars,	one right each		
	your dependent children have an investmore in the entity listed in Part 1 above?	nent of \$2,000 or	r		Con	flict of Interest Office		
	No X Yes - value is:			AVERAGE AND	/ 2			
	Many control	- \$100,000	-			12020		
	\$100,001 - \$1,000,000 Exceed	s \$1,000,000	1 1	. Verification				
	If you have sold or divested yourself of	investments:		I have used all reasonat I have reviewed this sta	ble diligence in prepare	aring this statement.		
	Date Divested:/			the information contains	ed herein and in any	attached schedules		
C	Have you received income of \$500 or i	more from the	1 1	is true and complete. I delays of the State of Califo	certify under penalty	of perjury under the		
	entity listed in Part 1 within the last 12	months?						
	No ☐ Yes ☒ – amount is:	640.000		Date Signed	(month, day, year	Source with \$1,000 to the control of		
	\$500 - \$1,000 X \$1,001 X \$1,001 X \$1,001	- \$10,000 Is \$100,000		3	(month, day, year	7		
			, []	Signature	\sim			
	Was income received through your spot	ise or registered	1	(File the o	originally signed statement wi	th your university)		